

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>07/21/00</i>
O.I.P.E. CLASSIFIER			<i>19</i>
FORMALITY REVIEW	<i>Z</i>	<i>JCS&amp;SI</i>	<i>72500</i>
RESPONSE FORMALITY REVIEW			<i>08-29-0-</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	✓	1/27/00
2	2	✓	6/4/02
3	3	✓	1/15/04
4	4		8/1/07
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If more than 150 claims or 10 actions  
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